

DATE PRINTED: 01/21/2016

OHIO HOUSING TRUST FUND PROGRAM
STATUS REPORT
ON GRANT ACTIVITY TO DATE
PAGE NO: 1 of 4

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FEB 29 2016
OCD

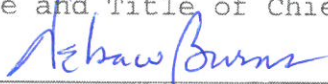
COLEMAN PROFESSIONAL SERV
OCD REPRESENTATIVE: Kimberly Alexander

FGM
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S-Y-14-7GJ-1
GRANT AMOUNT:\$ 161,000

I certify that to the best of my knowledge the data in this report has been verified to be true and correct as of the date of this report. Providing false or misleading information in this document will result in sanctions against the above named grantee and, as outlined by the OCD Progressive Corrective Action Policy, may lead to termination of the Grantee eligibility for OCD Programs.

Nelson W. Burns, President/CEO
Name and Title of Chief Executive Officer


Signature of Chief Executive Officer:

02/23/2016

Date

Carol McCullough, Grant Writer
Report Completed By:

(330) 676-6810
Phone Number

I. PROGRAM BUDGET - AWARDED FUNDS

PROJECT NBR	ACTIVITY NUMBER AND NAME	ACTIVITY/PROJECT LOCATION	OHTF FUNDS		
			APPROVED BUDGET	FUNDS DRAWN TO DATE	ACTUAL FUNDS EXPENDED TO DATE
01	01 - Operating Expenses/CHDO	Coleman Portage County PS	\$ 52,500	\$ 26,248.00	\$ 29,664
02	01 - Operating Expenses/CHDO	Coleman Trumbull County P	\$ 108,500	\$ 54,248.00	\$ 46,301
GRANT TOTALS			\$ 161,000	\$ 80,496.00	\$ 75,965

Please explain the reasons for any differences greater than plus or minus 10% between budgeted and actual expenditures for each activity. Explain ANY difference between total funds expended and total funds received. Describe your 'Best Efforts' to achieve the proposed levels:

Budget is for a 2 year term and this is a Year 1 report.

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I. PROGRAM BUDGET - LEVERAGED FUNDS

ACTIVITY NUMBER AND NAME	PROJECTED BUDGET	FEDERAL ARC FUNDS	OTHER FEDERAL	STATE AND LOCAL FUNDS	PRIVATE FUNDS	OTHER FUNDS /-SOURCE
01/01)Operating Expenses/CHDO	\$ 26,250	\$ _____	\$ _____	\$ 6,562	\$ _____	\$ 28,315 / CPS
02/01)Operating Expenses/CHDO	\$ 54,250	\$ _____	\$ _____	\$ 13,563	\$ _____	\$ 17,727 / CPS
TOTAL FUNDS LEVERAGED:	\$ 80,500	XXXXXXXX	\$ _____	\$ 20,125	\$ _____	\$ 46,042 XXXXX

Please Provide Actual Other Funds Disbursed (Leveraged) on each Activity by the Listed Source Types!
If the Source is not Listed above, Please Describe the Source in the Space Provided.

Please explain the reasons for any differences greater than plus or minus 10% between budgeted and actual leveraged costs for each activity.
Describe your 'Best Efforts' to achieve the proposed leverage amounts:

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III. BENEFICIARIES

Permanent Supportive Housing Program at Coleman Portage County PS

Total Households Assisted:	Projected -	65	Actual:	<u>39</u>
Total Persons Served:	Projected -	77	Actual:	<u>39</u>
	Persons served at 36-50% of LMI:			<u>0</u>
	Persons served at 0-35% of LMI:			<u>39</u>

ENTER CIVIL RIGHTS DATA FOR THE TOTAL PERSONS SERVED

	Total Persons Served	Nbr of Hispanic
White:	<u>36</u>	<u>1</u>
Black/African American:	<u>3</u>	<u></u>
Asian:	<u></u>	<u></u>
American Indian/Alaska Native:	<u></u>	<u></u>
Native Hawaiian/Other Pacific Islander:	<u></u>	<u></u>
American Indian/Alaska Native and White:	<u></u>	<u></u>
Asian and White:	<u></u>	<u></u>
Black/African American White:	<u></u>	<u></u>
Amer. Indian/Alaska Native and Black African Amer:	<u></u>	<u></u>
Other Multi-Racial:	<u></u>	<u></u>

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III. BENEFICIARIES - CONTINUED

Permanent Supportive Housing Program at Coleman Trumbull County P

Total Households Assisted:	Projected -	12	Actual:	<u>10</u>
Total Persons Served:	Projected -	12	Actual:	<u>10</u>
	Persons served at 36-50% of LMI:			<u>0</u>
	Persons served at 0-35% of LMI:			<u>10</u>

ENTER CIVIL RIGHTS DATA FOR THE TOTAL PERSONS SERVED

	Total Persons Served	Nbr of Hispanic
White:	<u>10</u>	<u>0</u>
Black/African American:	<u> </u>	<u> </u>
Asian:	<u> </u>	<u> </u>
American Indian/Alaska Native:	<u> </u>	<u> </u>
Native Hawaiian/Other Pacific Islander:	<u> </u>	<u> </u>
American Indian/Alaska Native and White:	<u> </u>	<u> </u>
Asian and White:	<u> </u>	<u> </u>
Black/African American White:	<u> </u>	<u> </u>
Amer. Indian/Alaska Native and Black African Amer:	<u> </u>	<u> </u>
Other Multi-Racial:	<u> </u>	<u> </u>

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OFFICE OF COMMUNITY DEVELOPMENT
DRAW STATUS BY GRANT/ACTIVITY/UNIT ADDRESS AS OF THE DATE OF THIS REPORT

COLEMAN PROFESSIONAL SERV Grant Number: S-Y-14-7GJ-1 Award Amt:\$ 161,000
=====

Grant Completion(FPR) Date: 02/28/2017

Fund Nbr: 6460

SAC Nbr: 638

CAS Nbr: _____

Prog.-Activity Nbr & Name/ Prj. Nbr-Location/Site Address	Act. Budget/ Site Budget	Doc Nbr	Amount Drawn	Draw Status	Date Paid/ Act/Prj Balance
01 - 01)Operating Expenses/CHDO Coleman Portage County PS	\$ 52,500				
	-----	0060	6,562.00	Paid	03/03/2015
		0064	6,562.00	Paid	06/01/2015
		0065	6,562.00	Paid	11/13/2015
		0067	6,562.00	Paid	12/08/2015
	Activity Total:		\$ 26,248.00		\$ 26,252.00
02 - 01)Operating Expenses/CHDO Coleman Trumbull County P	\$ 108,500				
	-----	0060	13,562.00	Paid	03/03/2015
		0064	13,562.00	Paid	06/01/2015
		0065	13,562.00	Paid	11/13/2015
		0067	13,562.00	Paid	12/08/2015
	Activity Total:		\$ 54,248.00		\$ 54,252.00
Total for Grant Number - S-Y-14-7GJ-1:	\$ 161,000		\$ 80,496.00		\$ 80,504.00